



Temporary/Seasonal Employment Application

City of Morgan Hill Human Resources Office, 17555 Peak Avenue, Morgan Hill, CA 95037

Office: 408.779.7278 Job Hotline: 408.779.7276 TDD: 408.776.7381 Fax: 408-779-0183

<http://www.morgan-hill.ca.gov>

Office Use Only

Date Received: By:

Instructions to Applicants:

1. Type or print in ink. Incomplete or illegible applications *will not* be considered
2. Inform the Human Resources Office of any change of address or phone number; otherwise you may lose your opportunity for employment.
3. Materials submitted with the application *will not* be returned.
4. The application **MUST** be completed. A resume *will not* be accepted instead of the completed application.
5. **Applicants with disabilities:** If you need assistance in the application process, please contact the Human Resources Office as soon as possible.

Position (s) Applying For: _____

PERSONAL INFORMATION

Full Name: _____ Social Security Number: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Day Phone: () _____ Evening Phone: () _____ Cell Phone: () _____

Are you over 18? _____ Yes _____ No: If No, can you submit a work permit if hired? _____ Yes _____ No

Driver's License Number: _____ State: _____ Expiration Date: _____

Are you a U.S. citizen or do you have the right to work in the U.S? _____ Yes _____ No
(If hired, you will be required to submit verification of your legal right to work in the U.S.)

Languages you speak *fluently* other than English: _____

Please answer the following questions. "Yes" answers are not necessarily disqualifying.

	Yes	No	Explain Here
Have you ever been convicted of any offense other than a driving violation or convictions that are over two years old as of the date of this application for violations of H&S Codes 11357, 11360, 11364, 11365, or 11550 as these statutes relate to marijuana? You are not required to make disclosures prohibited by the Labor Code. If yes, list offense and date.			
Have you ever been convicted of reckless driving or driving under the influence of alcohol/drugs OR has your driver's license ever been suspended or revoked? If yes, list offense and conviction date under "Explain Here".			
Were you ever discharged from employment or forced to resign? If yes, explain.			
Are you now or have you ever been employed by the City of Morgan Hill? Do you have a relative who is an official or employee of the City of Morgan Hill? If yes, explain.			

EDUCATION AND TRAINING

EDUCATION:

Name and Location of High School _____

Circle the highest grade you have completed.

1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4

High School Graduate:

☐ Yes ☐ No

Passed GED High School Tests:

☐ Yes ☐ No

Name of College or University	Location	Course of Study	Degree Received	Sem./Qtr. Units Completed	Dates Attended From - To

Licenses or Certificates which relate to this position: (Attach copies).	Computer Literacy: List software that you are proficient in using.

WORK EXPERIENCE (use additional sheets if needed)

Do not indicate "SEE RESUME" - this section must be completed. Starting with your most recent experience, list all jobs in which you were employed. List each change in title or promotion separately. List all paid, volunteer, part-time and internship experience: it will be prorated to a full time equivalent. Use additional sheets if necessary.

Dates of Employment FR: Mo/Yr _____ TO: Mo/Yr _____	Employer	Type of Business	Job Title	# Supervised
Hours Per Week:	Street Address	City	State/Zip	Name, title & phone # of supervisor
Final Salary:	Duties:			
Reason for Leaving				

Dates of Employment FR: Mo/Yr _____ TO: Mo/Yr _____	Employer	Type of Business	Job Title	# Supervised
Hours Per Week:	Street Address	City	State/Zip	Name, title & phone # of supervisor
Final Salary:	Duties:			
Reason for leaving:				

CERTIFICATION OF APPLICANT: I hereby certify that the information contained in this application for employment is true and complete to the best of my knowledge. I understand that any misrepresentation or deliberate omission of a material fact in my application may disqualify me from the application process or terminate my employment. If required, I agree to undergo a job related physical examination by a City physician. In addition I agree to submit to drug testing, tuberculosis testing, fingerprinting and background check, if offered employment. I authorize the employers, schools or persons named in my application documents to give any additional information regarding my qualifications and character, and release them from any liability for any damages whatsoever for issuing this information to the extent permitted by law.

Signature (Required)

Date